FSA Data Mart Access Request Form

Requested User Information

Date of Request:_____

User Name: _____

User Mother's Maiden Name: _____

EDNet User ID: _____

Division:_____

Phone:_____   Location:_____

Request: (select one)	Data Mart (select one):	Access Level Requested (select one):
New User	CMDM	Power User
Modified User	FP	Extended Web User
Terminated User	CFO	Web User

Justification: _____
_____
_____

Signatures/Approvals:

Channel/Division Supervisor: _____
                              Date:_____

Division SSO: _____
              Date:_____

Data Mart SSO: _____
                Date:_____

Data Mart Operations Use Only

User Activation/Termination

Date Activated/Terminated: _____   Assigned User Level:
                                            ❑ Power User
Password Given via: ❑ Extended Web User
        ❑ Voice message   ❑ Web User
        ❑ Memorandum